

PART A RATING SHEET

FACILITY NAME: Solar Turbines InternationalEPA I.D. #: CAD008314908 COUNTY: 073 SCORE: 020PROCESS: Sol -----

SCORE = POINTS X WEIGHTING FACTOR

0 = Non Hazardous 99 = Imminent Hazard

WEIGHTING
FACTOR

SCORE

AGE OF FACILITY (YEARS)0 - 10 11 - 20 21 - 30 over 30
1 pt. 2 pt. 3 pt. 4 pt.

1

4

PROCESS DESIGN CAPACITY (GAL.)1 - 1k 1k - 10k 10k - 100k 100k - 500k over 500k
1 pt. 2 pt. 3 pt. 4 pt. 5 pt.

2

4

PROCESS (pick worst case, add 1 point if any additional processes, then multiply by weighing factor)

- 5 pt. - landfill (D80)
disposal in surface impoundments (D83)
injection wells (D79)
- 4 pt. - treatment in surface impoundments (T02)
storage in surface impoundments (S04)
- 3 pt. - land application (D81)
underground tanks (S02)
storage in piles (S03)
- 2 pt. - treatment in tanks or containers (T01)
incineration (T03)
- 1 pt. - storage in tanks or containers (S01, S02)

3

3

CHARACTER OF WASTE

- 1 pt. - hazardous (D,F,K,U)
- 2 pt. - D005 - D015, D017, U021, U043, U117, U133 - U135, U223, U232
- 3 pt. - acutely hazardous (P)

4

4

LOCATION OF FACILITY

- 1 pt. - rural
- 2 pt. - urban

1

2

BEST ENGINEERING JUDGEMENTlower hazard ----- higher hazard
1 2 3 4 5

3

3

RATIONALE FOR BEJ SCORE AND OTHER COMMENTS:

TOTAL SCORE = 020RATER: HokkanenDATE: 4/10/81Note: D82 not included, exempt

Part A, Permit Process --- Internal Checklist

ID Number CA0008314908 Inst Name Solar Turbines Internat'l.

Refer to Form No:	Interim Regulatory Requirements	Indicate by your initials:		Valid Prm'l Date?
		Yes	No	
1	T/S/D Facility? (If No, return to respondent.)	___	___	
3	Form 1 received?	___	___	
1	Form 3 received?	___	___	
1 & 3	Postmarked on or before November 19, 1980?	___	___	___
3	Date of operation entered?	___	___	
3	Date of operation on or before November 19, 1980?	___	___	___
Notif. record	Notifier?	___	___	
"	Notified on or before August 18, 1980?	___	___	
1	Form 1, XIII B signed?	___	___	
3	Form 3, IX B Signed?	___	___	

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here Q)

ret 2/9

PHASE TWO

1	Unsure if regulated or non-regulated?	___	___
3	New facility?	___	___
1 & 3	Core items missing? If Yes, indicate which items: Facility name___; location___; mail address___; operator info___; certification___; process info___; waste info___; owner___; sigs___.		

PHASE THREE

1 & 3	Non-core items missing? If Yes, indicate which items: Maps <u>X</u> ; photos___; drawings___; lat/long___. Other observations and comments:
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Checked ITC - Copy made 2/9
MAPR PHOTOS requested - 9-17-81 MA
Log out/Log in Return 10-20-81
on reverse side.

Received Date Stamp
19 NOV 1980
(Stamp forms also)